

BASIC WILL APPLICATION
For Clients with assets of less than \$1 million
(when calculating assets, please include life insurance)

(THIS APPLICATION MUST BE COMPLETED PRIOR TO YOUR APPOINTMENT)

TESTATOR/TESTATRIX
(NAME OF THE PERSON MAKING THE Will)

FULL NAME (first, middle, last):

STREET ADDRESS:

RANK:

☐ Male

☐ Female

CITY:

HOME OF RECORD:

HOME PHONE:

STATE:

ZIP:

COUNTY:

() -

WORK: () -

CELL: () -

AKO EMAIL:

CIVILIAN EMAIL:

☐ ACTIVE DUTY ☐ FAMILY MEMBER – ACTIVE DUTY ☐ DEPENDENT – ACTIVE DUTY

☐ RETIRED ☐ FAMILY MEMBER – RETIREE ☐ DEPENDENT - RETIREE

MARTIAL STATUS: ☐ SINGLE ☐ MARRIED ☐ MARRIED

(Never married) (First marriage) (Widow(er)/Divorced from prior marriage)

☐ SEPARATED/ABOUT TO DIVORCE ☐ DIVORCED AND NOT REMARRIED ☐ WIDOW(ER)

NAME OF SPOUSE IF MARRIED OR SEPARATED (first, middle, last):

CITIZENSHIP OF SPOUSE IF NOT U.S. (Country of Citizenship):

TOTAL VALUE OF REAL ESTATE OWNED:

Is this real estate community property? ☐ Yes ☐ No (explain)

Is any of this farmland? ☐ Yes ☐ No (explain)

TOTAL VALUE OF LIFE INSURANCE (including SGLI): YOU:

SPOUSE:

DO YOU HAVE A FAMILY OWNED BUSINESS? ☐ Yes ☐ No (explain)

ESTIMATED TOTAL VALUE OF ASSETS (if married, total value of both spouse's assets):

PRIMARY BENEFICIARY OR BENEFICIARIES
(WHO DO YOU WANT TO RECEIVE YOUR PROPERTY AFTER YOUR DEATH?)

☐ Check here if you want your spouse to get everything, and if your spouse predeceases you, then equally to your children. (If one or more of your children predecease you, each child's share would go to his or her children [your grandchildren] in equal shares.)

PRIVACY ACT STATEMENT: Information is solicited in accordance with Title 10, US Code Section 3013, to prepare a Will and/or Power of Attorney. Solicited information is voluntary; however, failure to provide information precludes the preparation of a Will and/or Power of Attorney.

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NOTE: you may select this option if you and your spouse do not currently have children, but think you may have children in the future.

If you did not check the box above, please complete the grid below.

FULL NAME (first, middle, last)	RELATIONSHIP	%	CITY	STATE

TOTAL **100%**

ALTERNATE BENEFICIARY OR BENEFICIARIES (WHO DO YOU WANT TO RECEIVE YOUR ESTATE IF THE PRIMARY BENEFICIARIES DO NOT SURVIVE?)				
FULL NAME (first, middle, last)	RELATIONSHIP	%	CITY	STATE

DISINHERITING (IS THERE ANY PERSON THAT YOU SPECIFICALLY DO NOT WANT TO RECEIVE ANYTHING FROM YOUR ESTATE?)			
FULL NAME (first, middle, last)	RELATIONSHIP	FULL NAME (first, middle, last)	RELATIONSHIP

SPECIFIC BEQUESTS (Optional) (THIS IS A SPECIFIC PIECE OF PROPERTY THAT WILL GO TO SOMEONE OTHER THAN YOUR PRIMARY BENEFICIARY, e.g., GUN COLLECTION, SPECIAL PIECE OF JEWELRY, etc.) Please be judicious in making specific bequests.		
SPECIFIC BEQUESTS	FULL NAME OF INDIVIDUAL (first, middle, last)	RELATIONSHIP

CASH BEQUESTS		
FULL NAME (first, middle, last)	RELATIONSHIP	CASH BEQUESTS
		\$.00
		\$.00
		\$.00
		\$.00
		\$.00
		\$.00

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		\$.00
		\$.00
		\$.00

EXECUTOR:

Your Executor (or in some States, "personal representative") ensures your estate is settled upon your death. This ordinarily involves going through "probate", a court-administered procedure for settling an estate as provided in your will or under State law. Probate involves petitioning a court for letters of appointment, settling creditor claims, finding and distributing assets, and filing any necessary tax returns. Any adult may serve as your executor, although many States prefer or require an executor who is a legal resident of the State where probate is conducted. Please consult with your attorney with any questions about your choice of executor(s).

Who do you wish to have as your executor?

_____ My spouse and a successor executor.*

_____ My spouse and a co-executor.**

_____ One executor other than my spouse.

_____ One executor and a successor executor, neither of whom are my spouse.*

_____ Two co-executors, neither of whom are my spouse.**

*The successor will act only if your first choice is unable to act as your executor.

**This option is not usually recommended because conflicts can arise between the executors that will complicate the administration of your estate.

If you named someone other than your spouse, indicate name(s) and relationship(s):

FOR CLIENTS WITH CHILDREN

FULL NAME OF CHILD	AGE	T=From this marriage P=Previous marriage A=Adopted S=Stepchild	GENDER
		<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> F

Do you want step-children or adopted children treated equally with your natural children? ☐ Yes ☐ No

GUARDIANSHIP
(WHO DO YOU WANT TO RAISE YOUR CHILDREN?)

GUARDIAN OF THE PERSON: *This person will raise your children in the event of your death. (Special note for divorced parents: Please keep in mind that in the case of divorced parents, the child's other parent is the "natural guardian" of the child. In these cases, it is still important to designate a guardian of the person in the event that the natural guardian is unable or unwilling to serve. Pay close attention to the provisions below concerning leaving property for minor children as you will generally wish to name a guardian of the property and/or trustee for your child.) The guardian with whom the child lives is called the guardian of the person, and does not have to be the same person who manages the child's money.*

PRIMARY GUARDIAN (THIS PERSON IS YOUR FIRST CHOICE TO SERVE AS GUARDIAN.)			
FULL NAME (first, middle, last)	RELATIONSHIP	CITY	STATE

SECONDARY GUARDIAN (THIS PERSON IS YOUR SECOND CHOICE TO SERVE AS GUARDIAN.)			
FULL NAME (first, middle, last)	RELATIONSHIP	CITY	STATE

LEAVING PROPERTY FOR MINOR CHILDREN

If you leave money to minor children without further instructions, the money will be placed in a guardianship of the property. An adult, who need not be the same person as the guardian of the person, will hold the money for the children until they reach the age of majority under state law, which is usually age 18. Money is then distributed in one lump sum. (Even if you designate a trust [see below], you can also designate a guardian of the property in the event that any property falls outside the trust.)

Do you want to name a guardian of the property? ☐ Yes ☐ No

PRIMARY GUARDIAN OF THE PROPERTY (THIS PERSON IS YOUR FIRST CHOICE TO SERVE AS GUARDIAN OF THE PROPERTY)			
FULL NAME (first, middle, last)	RELATIONSHIP	CITY	STATE

SECONDARY GUARDIAN OF THE PROPERTY (THIS PERSON IS YOUR SECOND CHOICE TO SERVE AS GUARDIAN OF THE PROPERTY.)			
FULL NAME (first, middle, last)	RELATIONSHIP	CITY	STATE

TESTAMENTARY TRUST VS. UNIFORM GIFT TO MINORS ACT. *(You may wish to complete this portion after discussing with your attorney.)*

If you do not mind the children receiving the money in one lump sum as they each reach the age of 18 or 21, you do not need to establish a trust because under the Uniform Gift to Minors Act (UGMA) gifts to beneficiaries under 18 (or, if you prefer, 21) will be controlled by your executor initially, and guardian after probate without establishing a trust. If you want the children to receive the money in installments or at an age above the age of majority, you need to establish a trust. Under both systems, the adult can use the money throughout your children's lives for their health, education, and other needs.

Would you prefer to use the UGMA language or establish a trust for your children in your will?
☐ UGMA ☐ Trust

If UGMA: At which age do you wish your children to receive the remainder of their share? ☐ 18 ☐ 21

If Trust: At which age do you wish your children to receive the remainder of their share? ☐ 18 ☐ 21

If you would prefer to establish a testamentary trust, please select one of the following options:

☐ One (pooled) trust for the benefit of all beneficiaries (funds remain in trust until all of the beneficiaries reach the distribution age; generally not all beneficiaries will receive equal amounts from the trust; pooled trusts are generally less costly to administer than individual trusts).

☐ Individual trusts for each of the beneficiaries (funds are released from trust when each child reaches distribution age; individual trusts are somewhat more costly to administer than pooled trust.)

Money in the trust is to be distributed as follows (choose one):

- ☐ Give it to my children in one lump sum at age _____
- ☐ Give it to my children in installments as follows (choose one):
- ☐ 1/2 at 21 and 1/2 at 25; or
 - ☐ 1/3 at 21; 1/3 at 25; and 1/3 at 30, or
 - ☐ 1/3 at 25; 1/3 at 30; 1/3 at 35

TRUSTEE

(PERSON WHO CONTROLS THE PROPERTY YOU GIVE TO YOUR CHILDREN IN YOUR WILL)

Note: The trustee should not be one of the older children, or anyone else who may share in the property, as this may cause conflict each time they make a decision.

FULL NAME (first, middle, last)	RELATIONSHIP	CITY	STATE

ALTERNATE TRUSTEE

Note: This person is your second choice to serve as trustee, if your first choice dies or is unwilling to serve.

FULL NAME (first, middle, last)	RELATIONSHIP	CITY	STATE

Important note regarding SGLI or other life insurance. Please keep in mind that you should not designate a minor as a beneficiary for life insurance proceeds because insurers generally insist on paying proceeds to a legal guardian rather than to a minor. Please ask your attorney for language that you can use on your SGLI and other life insurance designation forms.

FUNERAL ARRANGEMENTS

At my death, I prefer:

- ☐ to be cremated
- ☐ to have my body given for medical or scientific purposes
- ☐ to be buried at a specified gravesite or location (Please specify location): _____

- ☐ to be buried at sea
- ☐ to be buried with full military honors (you may select this option in addition to one of the above)
- ☐ other: _____
- ☐ I do not wish to express my desires concerning my remains in my will and leave this decision to those who survive me

GENERAL DURABLE OR SPRINGING POWER OF ATTORNEY

Note: The person you designate to be your agent should be someone you trust to act responsibly on your behalf.

A power of attorney (POA) is your written authorization for someone (your agent) to act on your behalf, for whatever purpose you designate. A general POA gives your agent broad powers over your affairs. Not only will your agent be able to keep your affairs in order, but they have the potential to abuse this document at your expense and at his or her gain.

Do you desire a General Power of Attorney? ☐ Yes ☐ No.

Do you want this Power of Attorney to be in effect now and survive your incapacity (DURABLE POA) or would you rather the Power of Attorney come into effect only in the event that you cannot take care of your affairs (SPRINGING POA)?

☐ Durable POA (This power of attorney gives your agent authority over your affairs now, and that authority survives your incapacity.)

☐ Springing POA (Ordinarily, a power of attorney expires if you become disabled. A springing POA will take effect when you become unable to manage your own affairs and will last as long as you are alive unless you again become mentally competent.)

AGENT			
FULL NAME (first, middle, last)	RELATIONSHIP	TELEPHONE NUMBER	
		() -	
STREET ADDRESS	CITY	STATE	ZIP CODE

ALTERNATE AGENT			
FULL NAME (first, middle, last)	RELATIONSHIP	TELEPHONE NUMBER	
		() -	
STREET ADDRESS	CITY	STATE	ZIP CODE

Are there ANY POWERS you wish to specifically GRANT or DENY to this Agent? ☐ Yes ☐ No

MAKE GIFTS on your behalf? ☐ Yes ☐ No

If YES, to your Descendants only? ☐ Yes ☐ No

Specific powers related to a RETIREMENTS PLAN OR INDIVIDUAL RETIREMENT ACCOUNT (IRA)?
☐ Yes ☐ No

To FILE TAXES on your behalf? ☐ Yes ☐ No

SELL specific REAL ESTATE on your behalf? ☐ Yes ☐ No

IF YES, WHAT REAL ESTATE?			
STREET ADDRESS	CITY	STATE	ZIP CODE

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ANY OTHER POWER OF ATTORNEY?

☐ Yes ☐ No

If YES, what:

LIVING WILL

(A DECLARATION THAT IF YOU ARE TERMINALLY ILL AND IN A COMA, MEDICAL TREATMENT SHOULD NOT BE GIVEN TO PROLONG YOUR LIFE)

Please answer the following questions to the best of your ability. Any questions you have can be answered by your attorney.

Do you wish for a LIVING WILL to be prepared for you?

☐ Yes ☐ No

In the event you have a TERMINAL CONDITION, become COMATOSE or enter a PERSISTENT VEGETATIVE STATE, do you WANT:

LIFE SUPPORT?

☐ Yes ☐ No

NUTRITION AND HYDRATION?

☐ Yes ☐ No

DURABLE HEALTH CARE POWER OF ATTORNEY

(THE PERSON YOU DESIGNATE AS YOUR AGENT HAS THE AUTHORITY TO ACCESS YOUR MEDICAL INFORMATION AND AUTHORITY TO FULLY PARTICIPATE WITH YOUR TREATING PHYSICIANS IN DECIDING THE CARE PROVIDED TO YOU.)

Note: The person you designate to be your agent should be someone you trust with life and death decisions.

Do you wish to APPOINT someone to MAKE HEALTH CARE DECISIONS on your behalf in the event you become INCAPACITATED or UNABLE TO COMMUNICATE your decisions?

☐ Yes ☐ No

AGENT

FULL NAME (first, middle, last)	RELATIONSHIP	TELEPHONE NUMBER	
		() -	
STREET ADDRESS	CITY	STATE	ZIP CODE

ALTERNATE AGENT

FULL NAME (first, middle, last)	RELATIONSHIP	TELEPHONE NUMBER	
		() -	
STREET ADDRESS	CITY	STATE	ZIP CODE

Do you want your agent AUTHORIZED TO DONATE YOUR ORGANS? ☐ Yes ☐ No

IF YES, is the AUTHORITY FOR (CHECK ONE) ☐ TRANSPLANT ONLY or ☐ ANY MEDICAL PURPOSE (Research, etc.)

Do you WISH TO express a preference TO DIE AT HOME, rather than in a hospital? ☐ Yes ☐ No